

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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| DOCUMENT # M04000002832 |  |
| 1. Entity Name DESTIN INVESTMENTS, L.L.C. | |

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|---|---|
| Principal Place of Business 2014 HWY. 190 SLIDELL, LA 70460 | Mailing Address 2014 HWY. 190 SLIDELL, LA 70460 |
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01112007No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 13-4283117 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JOHN
 9645 TOWER RIDGE ROAD
 PENSACOLA, FL 32526

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John P. Roberts* DATE: 1-11-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHOEMAKE, JAMES C 242 DELTA DRIVE MANDVILLE, LA 70448 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DENIGER, RONNIE 60110 OAKLAWN AVENUE LACOMBE, LA 70445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/17/07-80049-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/11/07 DAYTIME PHONE # 985-960-1540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE